MAINE EMS
SERVICE LICENSE APPLICATION

For what license are you applying (check all that apply)?

☐1. New Service License (Complete all sections of this application)
☐2. Upgrade in License Level (Complete sections I, II, III, IV, VII, X, XI)
☐3. Downgrade in License Level (Complete sections I, II, III, IV, VII, X, XI)
☐4. Change in Permit Level (Complete sections I, II, III, IV,V, VII, X, XI)
☐5. Change in Primary Service Area (Complete sections I, III, IV, V, VI, XI)
☐6. Change in Secondary Service Area (Complete sections I, III, IV, V, VI, XI)
☐7. Change in Service Name (Complete sections I, III, IV, V, XI)

Section I - Service Information

A. Service Name:_____ Service #_____

Mailing Address:_____ Shipping Address:_____

City:_____ State:___ Zip:_____ City:_____ State:___ Zip:_____

B. Ambulance Base - Street address:_____

City:_____ County:_____

C. Business Telephone #:_____ Ambulance Base Telephone #:_____

D. Please indicate the type of organization that will hold the service license (check all that apply):

a._____Municipal Fire Department b._____Municipal EMS Department
c._____Non Municipal Fire Department d._____Non Municipal EMS Department

e._____Non Profit Corporation (list corporate name):_____
f._____For Profit Corporation (list corporate name and owner's name):_____

Note: If you checked boxes c,d,e, or f, above, you must attach 4 character references in accordance with § 3D.1(c)(iv) of the Rules.

Section II - Authorized Service Representatives (ASR) and Designated Infection Control Officers (DICO)

A. *List the names and telephone numbers of the Director/Chief, Assistant Director/Chief, other authorized service representatives , and the DICO and Alternate DICO for the service.*

1. Director/Chief:_____ Telephone # - (Day):_____ (Night):_____

2. Ass't Director/Chief: _____ Telephone # - (Day):_____ (Night):_____

3. Alternate ASR:_____ Telephone # - (Day):_____ (Night):_____

4. Alternate ASR:_____ Telephone # - (Day):_____ (Night):_____

DICO:_____ Telephone # - (Day):_____ (Night):_____

Alt. DICO:_____ Telephone # - (Day):_____ (Night):_____

Section III - Service Type - For what type of service license are you applying?

_____Transporting Ambulance Service _____Paramedic Air Rescue

_____Non-Transporting Service _____Paramedic Air Transfer

Section IV - License Level

Please indicate the license level at which the service can provide at least one EMS provider, licensed at the level of the service, on all unscheduled (emergency calls). This is the license level you may advertise. (Note: Transporting Ambulance Services may not license at the first responder level).

_____First Responder _____EMT-Basic _____EMT-Intermediate

_____EMT-Critical Care _____Paramedic

Note: If applying for licensure at the EMT-Critical Care or Paramedic level, a copy of the service's agreement with a hospital pharmacy (or other Maine EMS approved pharmacy), must be attached to this application.

Section V - Service Permit Level

A. Please indicate the level of care to which the service requests authorization to provide on a part time basis. This is the permit level of the service, and may not be advertised to the public.

_____EMT-Basic _____EMT-Intermediate _____EMT-Critical Care _____Paramedic

Note: If applying for permit at the EMT-Critical Care or Paramedic level, a copy of the service's agreement with a hospital pharmacy for the dispensation of drugs must be attached to this application.

Section VI - Service Area

A. **Primary Response Area -** List, *by city or town,* the service's Primary Response Area. A Primary Response Area is defined as the area(s) to which a service is made routinely available when called by the public to respond to medical emergencies.

_____ _____ _____
_____ _____ _____

B. **Secondary Response Area** - List, *by city or town,* the service's Secondary Response Area. A Secondary Response Area is defined as the area(s) to which the service is routinely made available when called by other Maine EMS licensed services or health care facilities, as a specialty or mutual aid responder for medical emergencies.

_____ _____ _____
_____ _____ _____

Section VII Quality Assurance/Quality Improvement Committee

List, by position (e.g. Service Director, Paramedic, EMT), the members of your service's Quality Assurance/Quality Improvement Committee, and attach a copy of your services quality improvement program

_____ _____ _____
_____ _____ _____

Section VIII - Communications

A. 1. Describe the method for public access to the service; the name of the dispatch center; explanation of the dispatch method and procedures; type and quantity of communications equipment to be utilized; and a list of radio frequencies utilized by the service (use additional sheets as necessary):_____
_____
_____
_____
_____
_____

Section VIII - Communications (continued)

A. Are the service's ambulance and EMS vehicle radios (or personnel, if a non transporting service) equipped with the statewide EMS frequency (155.385)? _____Yes _____No

C. Please list the following telephone numbers for the service:

Emergency Dispatch:_____
Secondary Emergency Dispatch (other than 911):_____
Dispatch Business Number:_____

Section IX - Vehicle Information

A. List, below, the vehicle(s) for which the service requests ambulance vehicle licensure (attach extra sheets as necessary:

Year	Chassis Mfg	Amb Mfg	VIN#	Type	DMV#	Maine EMS#

B. List, below, the vehicle(s), other than the service's licensed ambulances, for which the service requests Emergency Medical Services Vehicle (EMSV) authorization. EMSV must be owned or leased, and operated, by the Service named in this application.

Year	Chassis Mfg	VIN#	DMV#	Maine EMS#

Section X - Personnel

List the (EMS) licensed personnel for your service. Attach additional sheets if necessary. (If the application is for a request to permit only, list only those personnel who are licensed at the proposed permit level.)

Name:	EMS Lic#	License Level		Name:	EMS Lic#	License Level

Section XI - Endorsements

A. Transporting Service Endorsement for Non Transporting Services

I certify that the below named ambulance service has a letter of understanding or other written agreement in effect with the applicant which provides for the simultaneous dispatch, and transport of patients, as required in section 3.D.1(c)(v) of the Maine EMS Rules.

Name of Transporting Service:_____ Service #:_____
Signature of Authorized Representative:_____ Date:_____
Print Name of Authorized Representative:_____

B. Medical Control Endorsement:

As the Regional Medical Director, I have reviewed this application and have determined that the medical control arrangements for the type of service and level of care are adequate, according to criteria published and approved by Maine EMS.

Regional Medical Director: _____ Date:_____
Signature

C. Service Representative Endorsement

I hereby certify: that the foregoing statements are correct and true to the best of my knowledge and belief; that the service is eligible for licensure/authorization in accordance with the Maine EMS Rules and EMS Law (32 M.R.S.A. §§ 81 *et seq*); that the service possesses the required equipment as set forth in the Maine EMS Rules; and, that the personnel listed in section X of this application possess currrent and valid Maine EMS licenses and current and valid certificates in Cardio-Pulmonary Resuscitation (CPR). Further, I request that the Maine EMS Board approve the Service's Quality Assurance/Quality Improvement Committee in accordance with 32 M.R.S.A. §§92-A *et seq*.

Print Name:_____ Signature:_____ Date:_____

Fee Schedule

Service Fee.....$100.00 per year
Ambulance Vehicle Fee.....$60.00 per year
EMS Vehicle Fee.....$60.00 per year

Payment must be enclosed with the application
Checks should be made payable to: **Treasurer of State**

Have You:

Completed the Application?
Attached All Required Documentation?
Obtained Required Signatures?
Enclosed the Correct Payment?

Mail your application package to:

Maine EMS
16 Edison Drive
Augusta, ME 04330
Tel. 207-287-3953